

# St. Bartholomew's Hospital



"Æquam memento rebus in arduis  
Servare mentem."

—Horace, Book ii, Ode iii.

## JOURNAL.

VOL. XLI.—No. 2.]

NOVEMBER 1ST, 1933.

PRICE NINEPENCE.

### CALENDAR.

- Wed., Nov. 1.—Surgery: Clinical Lecture by Mr. Harold Wilson.  
Hockey Match v. London University. Home.
- Fri., " 3.—Dr. Gow and Mr. Girling Ball on duty.
- Sat., " 4.—Rugby Match v. London Irish. Away.  
Association Match v. Balliol College, Oxford. Home.  
Hockey Match v. University College. Away.
- Mon., " 6.—Special Subjects: Clinical Lecture by Mr. Sydney Scott.
- Tues., " 7.—Dr. Graham and Mr. Vick on duty.
- Wed., " 8.—Surgery: Clinical Lecture by Mr. Vick.
- Fri., " 10.—Medicine: Clinical Lecture by Dr. Hinds Howell.  
Prof. Fraser and Prof. Gask on duty.
- Sat., " 11.—Armistice Day.  
Rugby Match v. University College, Dublin. Home.  
Association Match v. Reading University. Away.  
Hockey Match v. Trinity College, Cambridge. Home.
- Mon., " 13.—Special Subjects: Clinical Lecture by Mr. Higgs.
- Tues., " 14.—Lord Horder and Sir Charles Gordon-Watson on duty.
- Wed., " 15.—Surgery: Clinical Lecture by Mr. Girling Ball.  
Rugby Match v. Army Trial XV. Home.  
Hockey Match v. R.M.A. Woolwich. Away.
- Thurs., " 16.—**Students' Union Dance. Grosvenor House.**
- Fri., " 17.—Medicine: Clinical Lecture by Lord Horder.  
Dr. Hinds Howell and Mr. Harold Wilson on duty.
- Sat., " 18.—Rugby Match v. Mosely. Away.  
Hockey Match v. Tulse Hill II. Home.
- Mon., " 20.—Special Subjects: Clinical Lecture by Mr. Sydney Scott.
- Last day for receiving matter for the  
December issue of the Journal.**
- Tues., " 21.—Dr. Gow and Mr. Girling Ball on duty.
- Wed., " 22.—Surgery: Clinical Lecture by Mr. Vick.
- Fri., " 24.—Medicine: Clinical Lecture by Lord Horder.  
Dr. Graham and Mr. Vick on duty.
- Sat., " 25.—Rugby Match v. Devonport Services. Away.  
Association Match v. Old Wykehamists. Home.  
Hockey Match v. Emmanuel College, Cambridge. Away.
- Mon., " 27.—Special Subjects: Clinical Lecture by Dr. Cumberbatch.  
Rugby Match v. R.N.E. Keyham. Away.
- Tues., " 28.—Prof. Fraser and Prof. Gask on duty.
- Wed., " 29.—Surgery: Clinical Lecture by Mr. Girling Ball.
- Thurs., " 30.—**Abernethian Society: Discussion on Osteopathy.**

### EDITORIAL.

THE past month has been outstanding if it be only for one event—the Old Students' Dinner.

We give elsewhere a detailed account of the occasion, but we would testify, in passing, to its magnificent success. The Dean mus' be justly proud of his efforts.

October also saw the advent of a new academic year, and the Hospital veins received their annual transfusion. The quality of the blood remains at its usual high standard and the quantity reached its maximum. We have now passed through the stage of initial rigors.

It is customary for Bart.'s to welcome its new-comers with little more than an invitation to tea in the Library, at which they may meet the various Students' Union Club secretaries and other diehards. It was probably pointed out by the cynical that 'his is the only occasion on which a student receives anything for nothing during his Hospital days; this is not strictly true. The Fresher was also probably amazed by the number of club secretaries at this annual function.

Now that most Freshmen have investigated all theatre galleries and Hospital "sights", we would like to extend to them our hearty welcome to Bart.'s and congratulate their choice of a medical *Alma Mater*.

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The Dean writes:

"DEAR MR. EDITOR,—No doubt you will be giving in the JOURNAL a full report of the Old Students' Dinner, but I should like to make one or two comments on special aspects of it. I want, for example, to say how very much the Medical College appreciates the magnificent message of encouragement which, as a Perpetual Student of the College, H.R.H. the Prince of Wales sent to us. We are, indeed, grateful. We also thank

most heartily Mr. Ramsay MacDonald, who attended the function and addressed us in such a manner as to leave no doubt that we have his hearty good wishes.

"Advantage was taken of the occasion to announce to the world at large our aims and our financial position. There was a large gathering present, and we trust that each individual member of it, even if unable to give material help himself, will at least stimulate others to do so.

"Lord Wakefield gave us a cheque for £1000 and, knowing how heartily he supports schemes connected with scientific subjects, we must feel that we have at least earned his encouragement. Sir Alexander Grant is sending £100 annually for seven years, and an anonymous donor has promised £100 annually for ten years. This is the sort of subscription we want, and persons able to give on this scale do exist, but someone has to do the asking. Surely there are Bart.'s men with patients who are potential subscribers. The three noble donations I have specifically mentioned have been acquired through the advocacy of old Bart.'s men, and I am certain that others could do likewise if only they had the will.

"You will remember that a couple of months ago an old Bart.'s man, to wit, Ernest E. Young, of Newcastle-under-Lyne, promised to give the fund £25 per annum for five years on condition that four others would do likewise. Another Bart.'s man has joined in this minor fray. I want three more before Christmas, which is the time-limit. Do not let us miss these two promises.

"To the student's suggestion of ten guineas a year for five years I have not yet had a second promise. Perhaps it only needs a reminder. Ten guineas a year for five years—surely this is within the means of a large number of men.

"There are just two other things which I wish to rub in. There are some who, despite propaganda, still appear to think that the main use of the new site is to accommodate a hostel. Let me state once again this is not so. It is to house the Departments of Chemistry, Physics, Biology, Anatomy, Physiology, and Pharmacology. The hostel is a secondary matter, and must wait until the Departments named are adequately equipped.

"The second point is this. There are some who think that the teaching of the preliminary subjects should be centralized and not connected with individual schools, and who, for that reason, are disinclined to subscribe to our funds. I cannot here go very deeply into the pros and cons of this matter, but I can assure you that it has received most serious consideration, and that it is our deliberate opinion that in a large College like Bart.'s, where each of the Science Departments has

over one hundred students, many advantages would be lost and none gained by centralizing the pre-clinical teaching. It may be that for the smaller schools centralization would be beneficial and less expensive, but their circumstances are entirely different.

"Come along then, you other old Bart.'s men, and give us a hand. We want money now to enable us to equip the Departments, and you can help. The number of subscribers has still to pass the halfway line. I often meet men who say they have wished to subscribe but have been put off by the large sums asked for. At the beginning of the campaign we had to try and get these large sums, and I fear (but I hope I am wrong) that we have already got nearly all we are likely to get. My present object is to get every Bart.'s man's name on the list. Although I have promised that the individual subscriptions given by Bart.'s men shall not appear in print, I hope that the names of all subscribers will be perpetuated somewhere as an indication of the efforts made by Bart.'s men of this generation. This list has got to be complete and contain 3800 names, and it is my earnest wish to acquire a subscription from every man, however small may be the sums. Large numbers of men have sent me one guinea, and I do now ask the remainder to do likewise. In this way we can raise at least a further £2000 towards our object. Let it be before Christmas if possible.

"Yours sincerely,

"W. GIRLING BALL,  
"Dean of the Medical College."

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#### COLLEGE APPEAL FUND.

	£	s.	d.	
Staff . . . . .	12,241	0	9	(70)
Demonstrators . . . . .	1,519	11	0	(65)
Students . . . . .	490	0	6	(258)
Old Bart.'s men :				†
Bedfordshire . . . . .	10	10	6	(2) . (26)
Berkshire . . . . .	86	1	0	(13) . (37)
Buckinghamshire . . . . .	72	17	0	(12) . (29)
Cambridgeshire . . . . .	155	14	0	(12) . (42)
Cheshire . . . . .	1	1	0	(1) . (26)
Cornwall . . . . .	22	2	0	(5) . (36)
Cumberland . . . . .	5	0	0	(1) . (6)
Derbyshire . . . . .	19	14	0	(4) . (17)
Devonshire . . . . .	532	10	0	(47) . (117)
Dorset . . . . .	52	1	0	(14) . (30)
Durham . . . . .	16	6	0	(3) . (11)
Essex . . . . .	225	15	6	(15) . (69)
Gloucestershire . . . . .	218	12	6	(20) . (66)
Hampshire . . . . .	401	9	0	(37) . (134)
Herefordshire . . . . .	13	3	0	(4) . (11)
Hertfordshire . . . . .	73	0	0	(12) . (73)
Huntingdonshire . . . . .				(1)
Isle of Wight . . . . .	166	13	0	(10) . (25)
Kent . . . . .	544	0	0	(62) . (146)
Lancashire . . . . .	91	2	0	(11) . (82)
Carried forward . . . . .	£16,958	3	9	

	£	s.	d.	
Brought forward . . . . .	16,958	3	9	
Leicestershire . . . . .	133	12	0	(6) . (28)
Lincolnshire . . . . .	44	3	0	(12) . (25)
Middlesex . . . . .	379	0	0	(17) . (68)
Norfolk . . . . .	159	7	6	(18) . (60)
Northamptonshire . . . . .	54	4	0	(4) . (17)
Northumberland . . . . .	101	1	0	(2) . (11)
Nottinghamshire . . . . .	13	13	0	(2) . (28)
Oxfordshire . . . . .	177	0	0	(16) . (29)
Rutland . . . . .				(2)
Shropshire . . . . .	35	9	0	(8) . (22)
Somersetshire . . . . .	463	10	0	(26) . (43)
Staffordshire . . . . .	194	18	0	(6) . (37)
Suffolk . . . . .	262	1	0	(15) . (46)
Surrey . . . . .	418	5	6	(42) . (180)
Sussex . . . . .	250	10	0	(42) . (170)
Warwickshire . . . . .	177	0	6	(17) . (56)
Westmorland . . . . .	1	0	0	(1) . (5)
Wiltshire . . . . .	97	11	0	(11) . (26)
Worcestershire . . . . .	146	12	6	(19) . (27)
Yorkshire . . . . .	254	19	6	(19) . (101)
Wales . . . . .	37	16	0	(9) . (150)
London . . . . .	2,543	1	8	(161) . (971)
Channel Islands . . . . .	10	0	0	(1) . (9)
Scotland . . . . .	14	4	0	(4)
Abroad . . . . .	38	5	0	(7)
South Africa . . . . .	324	0	6	(16)
Canada . . . . .	113	2	6	(8)
East Africa . . . . .	62	7	0	(6)
West Africa . . . . .	146	10	0	(5)
India . . . . .	142	0	0	(6)
Ceylon . . . . .	4	0	0	(1)
Syria . . . . .	2	2	0	(1)
U.S.A. . . . .	5	0	0	(1)
Ireland . . . . .	14	14	0	(3)
North Africa . . . . .	1	0	0	(1)
North Borneo . . . . .	5	5	0	(1)
Australia . . . . .	12	2	0	(3)
Egypt . . . . .	2	2	0	(1)
Malay States . . . . .	6	0	0	(2)
China . . . . .	45	7	4	(7)
Siam . . . . .	10	0	0	(1)
France . . . . .	50	0	0	(1)
Trinidad . . . . .	20	0	0	(1)
British West Indies . . . . .	23	1	0	(3)
Kenya . . . . .	10	0	0	(2)
New Zealand . . . . .	1	1	0	(1)
Services . . . . .	511	11	0	(30)
Others . . . . .	21,976	8	7	(219)
	<b>£46,453</b>	<b>1</b>	<b>10</b>	

† Number of Bart.'s men in County.

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A meeting of the Abernethian Society will be held on Thursday, November 30th, in the Morbid Histology Laboratory, when a discussion on "Osteopathy" will be opened by Dr. MacDonald. Mr. Elmslie has kindly consented to speak.

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Few medical schools can boast that they teach their students foreign languages. A course of Lectures in Scientific German has recently been started at this Hospital, and Mr. FitzAucher has very kindly undertaken to give weekly lectures, held on Friday evenings, to all who wish to attend. Judging by attendances the lectures have already established their popularity.

# HOUSE APPOINTMENTS.

The following gentlemen have been nominated to House Appointments from November 1st, 1933:

## Junior House Physicians—

Lord Horder . . . . .	J. R. Robertson.
Prof. F. R. Fraser . . . . .	G. D. Wedd.
Dr. C. M. Hinds Howell . . . . .	J. A. Squire.
Dr. A. E. Gow . . . . .	J. Wilson.
Dr. G. Graham . . . . .	R. J. G. Morrison.

## Junior House Surgeons—

Prof. G. E. Gask . . . . .	J. W. Cope.
Sir Charles Gordon-Watson . . . . .	J. N. Groves.
Mr. Harold Wilson . . . . .	J. B. Bamford.
Mr. W. Girling Ball . . . . .	R. G. Gilbert.
Mr. J. E. H. Roberts . . . . .	O. S. Tubbs.

Intern Midwifery Assistant (Resident) . . . . . J. M. Jackson.

Intern Midwifery Assistant (Non-Resident) . . . . . C. W. B. Woodham.

Extern Midwifery Assistants . . . . . { L. Dexter.\*  
H. C. H. Higginson.†

H.S. to Throat and Ear Department . . . . . W. H. Gabb.

H.S. to Ophthalmic Department . . . . . R. G. Orr.

H.S. to Skin and Venereal Departments (Non-Resident) { E. M. Darnady.†  
G. O. A. Briggs.\*

H.S. to Orthopaedic Department . . . . . H. B. Lee.

H.P. to Children's Department . . . . . H. B. White.

Junior Resident Anaesthetists . . . . . { E. Fowler.  
S. J. Hadfield.

Non-Resident Anaesthetist . . . . . E. C. Fountain.

Casualty House Physicians . . . . . { W. T. C. Berry.\*  
A. R. Boney.\*  
K. J. Harvey.\*  
G. O. A. Briggs.†  
C. M. Carr.†  
C. Fletcher.†

Casualty House Surgeons . . . . . { E. M. Darnady.\*  
R. T. Simcox.†

\* 3 months, November. † 3 months, February, 1934.  
Others for 6 months.

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## OBITUARY.

We hear with deep regret of the death of David Miller Muir, of Exeter, at the early age of 46.

The following account of him is taken from the Times of October 24th:

"He was a man not only outstanding in his clinical work, but a first-rate physicist with brilliant mechanical ability, which he turned to account in devising new apparatus and methods, including models which he often made with his own hands. In addition to these qualities he had a genius for organization, and raised the Radiological and Electrical Department of the Royal Devon and Exeter Hospital into a position of the first rank, not only in the West Country, but in the British Isles. He devoted a passionate energy to ensuring that not only the hospital equipment should be the very latest and most perfect it was possible to obtain, but also in his private practice he spared neither trouble nor expense in obtaining for his patients' benefit the very latest apparatus that could be bought from English, French, German or American makers. So great was

his keenness that he would scrap ruthlessly costly apparatus acquired but a few months before immediately upon discovering a new model embodying even slight further improvement.

"Mr. Miller Muir first became interested in physics, which was to be his life's work, before he went to Cambridge and while still at University College School. In those days (1905) the field was very new, and neither the therapeutic possibilities nor the danger to the worker in radiology were really appreciated. It was looked upon simply as a useful means of examining fractures. At Cambridge Mr. Miller Muir became one of that small and keen band who worked in the Cavendish Laboratory under Sir J. J. Thompson, many of whom, like Lord Rutherford, have won world-wide renown. Mr. Miller Muir went from Cambridge to St. Bartholomew's Hospital to complete his qualification in medicine, and worked under Prof. Langdon Brown. The war interrupted his specialized activities just after he had qualified. He was a member of the Society of Friends, and therefore it came to him as a peculiar privilege to serve his country in a medical capacity. He became a Surgeon-Commander in the Royal Navy and was appointed to the 'Bellerophon', where his energies found a splendid outlet in ameliorating in every way his ingenuity could suggest the conditions of the men under active service with the Grand Fleet in the North Sea.

"Immediately upon release from service he threw himself again into his own work and came to Exeter, first as a partner of Dr. Harris, the pioneer radiologist in the West Country, later taking over the whole work of his department at the Royal Devon and Exeter Hospital and that of other local institutions. Fully realizing the vast possibility of radium and X-ray treatment for cancer, Mr. Miller Muir from the first kept himself fully abreast of every modern development of technique with these two agents. He was a trustee of the Exeter Cancer Fund, for which a sum of over £11,000 was raised in 1921 to 1924."

We extend our sympathy to Mrs. Miller Muir and the family in their bereavement.

#### ACKNOWLEDGMENTS.

*The British Journal of Nursing—The Nursing Times—The Epsomian—The Cambridge Medical Society Magazine—Charing Cross Hospital Gazette—Guy's Hospital Gazette—The London Hospital Gazette—Magazine of the London Royal Free Hospital—Middlesex Hospital Journal—St. Mary's Hospital Gazette—St. Thomas's Hospital Gazette—The Speculum—The Student—University College Hospital Magazine—King's College Hospital Gazette—Clinical Journal—East African Medical Journal—The General Practitioner—The Hospital—Bulletins et Mémoires de la Société Médécine de Paris—L'Echo Médical du Nord—The Leprosy Review—The Medical Forum—The Medical Press and Circular—Medical Times and Long Island Medical Journal—Post-Graduate Medical Journal—Reale Società Italiana D'Igiene—Revue Belge des Sciences Médicales—Archives Hospitalières.*

#### OLD STUDENTS' DINNER.

**T**HE Old Students' Dinner was held in the Great Hall on Monday, October 2nd, Lord Horder of Ashford presiding. The occasion was marked by the presence of many distinguished guests, and the Public Appeal for funds in connection with the scheme for acquiring the Merchant Taylors' site was launched.

The CHAIRMAN said he had received the following message from His Royal Highness the Prince of Wales:

"Not only as President of St. Bartholomew's Hospital, but as a 'perpetual student' of the Medical College, I send my best wishes to all present at to-night's dinner. I welcome the decision to take advantage of the opportunity of moving to the site of Merchant Taylors' School, thus providing for the needs of the College, while, at the same time, vacating space which will be required for the extension of the Hospital. I am glad to hear of the amount already raised towards the cost of the new College buildings, and wish all success to the present appeal. I hope that it will not be long before the students are settled in the residence that is to be provided for them, and I feel confident that the College, in its new home, will continue to play the great part for which, as the largest medical school in England, it is distinguished in the fields of medical education and research."

Continuing, the CHAIRMAN said that, in his name and theirs, he had sent the following telegram:

"Old Students, dining with Prime Minister as chief guest, thank your Royal Highness for your message of good wishes and for your encouragement."

(Applause.)

Among messages from eminent American colleagues, he said, was one from Harvey Cushing, Boston: "Hearty congratulations to the Medical College on its important turning-point in its long history." Hugh Cabot, from Rochester, Minnesota, and Lord Macmillan, from the "Empress of Britain", had also cabled congratulations.

In the name of the company, and in his own, he (the Chairman) welcomed the Prime Minister to their board. (Applause.) They greatly appreciated his stimulating presence, knowing what it was for him to make time to be with them.

Mr. RAMSAY MACDONALD said he was very glad indeed to be able to be with them on that very special occasion. He was one of those who worshipped old things of great repute. He cast his mind back to the many centuries during which medical skill had been



studied and practised there. Begun in 1100, 1933 still found them young and growing. It was a great record for everybody associated with that institution. He thought that, under the circumstances, he would have come there whether allowed or not. They knew what a dangerous experiment it was to attend a dinner of that sort, but Lord Horder had advised him with sagacity and moral rectitude, and had allowed him to eat, drink, and be merry. Lord Horder would breakfast with him on the morrow, and, if there was any damage visible, he would be there. (Laughter.) He (the speaker) felt very safe and happy.

Proceeding, the Prime Minister congratulated Lord Horder on the title under which he appeared that night. (Cheers.) The honour had been conferred by His Majesty on account of Lord Horder's great attainments and disinterested public service.

In proposing the toast of "The Medical College of St. Bartholomew's Hospital", he said they were at that moment branching forth into greater difficulty and more importance. This was a time when the medical profession must go ahead. The days of the old practitioner were days of admirable men indeed. In small and very remote villages, all had a fine old, hard-working, long-suffering friend in the village doctor. But science and the art of medicine had fresh problems every day. The doctor needed not only knowledge, but a great capacity to understand weak human nature. The doctor was a man who knew, and, above all, understood the happy combination of knowledge and understanding.

He was glad they had started on that new venture, and that they had every hope of succeeding. They ought to succeed, for they had generously provided a large part of the money out of their own house. That was the right way. No man was entitled to ask for help unless he could hold his head up. There were so many generous people in the City, and so many had shown themselves willing to help. He ventured to prophesy that, under the circumstances, and in view of the example, almost the challenge, they had made, they would succeed, and the necessary funds would be obtained. He thanked them for giving him the opportunity of sniffing the inspiring air of St. Bartholomew's, and of seeing something of the hard work they had to do there as the inheritors of a great past. (Cheers.)

Mr. W. GIRLING BALL (Dean of the Medical College), after paying a tribute to Lord Horder and the Prime Minister, said: "Our Medical College is, indeed, thriving in numbers of students. We have admitted during each of the last three years a fixed maximum of students, 130, and there are, approximately, 800 students working within these walls during the year. It is also a matter of much satisfaction to us that 84%—and, I think, this

year, 86%—are students of the Universities of London, Oxford and Cambridge, the larger number, naturally, being undergraduates of London University, of which we are a constituent College. The remainder are for the most part Dominion students belonging to universities, and come to this country to obtain an English qualification—usually the Diploma of the Royal Colleges, with a view to obtaining the F.R.C.S. It is thus clear that we do insist that the students entering the Medical College should have reached a high general educational standard. Having reached this standard, they naturally expect to receive the best training for their life's work; it is our ambition that they shall receive it.

"This brings me to the matter which is uppermost in our minds this evening, for it is with the object of reaching this ideal that we have taken the step of which I will now tell you. We feel that we have entered on a new era, which has begun with the recent acquisition of the site lately known as Merchant Taylors' School, Charterhouse Square. The purpose for which we have acquired this site is to meet the requirements of the pre-clinical scientific departments. During the last thirty years the Governors of this Hospital, with whom we work in the closest harmony, and who are in hearty sympathy with our educational ideals, have done much to help us by providing equipment for the clinical departments. They have built a new out-patient department, second to none; a magnificent surgical block, fitted in such a manner that it is already being looked to as an example of efficient equipment; and a thoroughly efficient pathological department, wherein the student learns a great deal of the scientific side of his bedside work. The Governors have further aims with regard to other clinical departments of the Hospital—a plan which will take some time to develop fully. These departments, dealing as they do also with the treatment of the patients, naturally come under their immediate supervision; but it is evidence of their sympathy with our aims that they have done so much, and for their assistance we continually offer to them our heartfelt thanks. I daresay that the general public understands this side of the question from the teaching point of view, for 'walking the Hospital' has for generations been known as the means whereby a student acquires his knowledge before he goes into the world to treat the sick, and carry on the other multifarious duties which it is our lot to perform.

"But I would ask you, Is it generally understood that, of six years required for a student's training, only three of these are devoted to 'walking the wards'. He has to pass through a preliminary three years of scientific training in subjects which are going to fit him with such knowledge as will enable him to obtain the best

advantage from his clinical training. It is for the purpose of this side of his education that we have found it necessary to improve our equipment. It requires little imagination to those interested in medical education to realize the scientific advances in medicine, and the consequent need for additional accommodation, which have taken place during the past century. Cast your mind back over so short a period as a century, a mere eighth in the history of this Hospital's record. It was at this time that the great John Abernethy and his friends pooled their private resources in magnificent spirit in order to form this Medical School on a proper basis. A single room and a museum were granted to them by the Governors for their purpose. Within a period of fifty years their needs demanded much greater space, and led to the building of the present School.

"And now we find ourselves in a similar dilemma. The teaching of those earlier days was a relatively simple matter. Now it is of a much more elaborate nature, and demands that the teacher shall be provided with more adequate equipment if he is to instil into the mind of the student from his earliest days such scientific knowledge as will enable him to understand the chemical, physical, and biological problems which are bound to confront him during the clinical period of his training. This kind of teaching naturally demands that the teacher shall be provided with accommodation enabling him to carry on his research work, so as to keep in the forefront of the scientific world, and co-operate adequately with the clinicians in solving their problems of diagnosis and treatment. Without that co-operation the clinician would often be at a loss. All this demands space.

"This is the primary purpose which has led us to seek a new site for our School—a site of such a size that, when such a dilemma as we are in now arises in the future, there will be adequate room for expansion. There is, however, another reason. We fully realized that we should have to find new accommodation, as the needs of the Hospital for the treatment of patients required the space on which the School stands. Areas of land of sufficient size for our purpose are not commonly found in the City. In fact, after a trial of several plans, we can say that they do not exist. When the Merchant Taylors' School site became vacant, it was clear that we should have to consider it seriously as suitable for our purposes. After very careful investigation, we decided to make an attempt to acquire it, as we realized that its proximity to the Hospital and the amenities it possesses could not be found elsewhere. I am happy to tell you that our efforts have been so far successful that, whereas a year ago we did not see where we were to get the money, to-day we can see our way to £70,000 out of the £130,000 required for the purchase of the site.

It is interesting to note that this land was probably owned in the reign of Edward III by St. Bartholomew's Hospital, for it was at this time that the then Master of the Hospital, one Stephen of Maydenhythe, in the year 1354, granted the land to Sir Walter Manny, of Charterhouse, for the purposes of a plague pit. It is still more interesting to realize that the land was granted to Manny for the sum of £8.

"It is my duty to offer our thanks to those who have helped us thus far with our achievements. The first and foremost is to thank the Master and Wardens of the Merchant Taylors' Company for the sympathetic manner in which they met our proposals, and the magnificent gesture which they made in handing over the site to us on the payment of £35,000, with a mortgage for the remainder on terms which we are able to meet. Secondly, I cannot pass over the moment for thanking Mr. Vigers, who carried through the negotiations for us as a friend indeed, giving his services voluntarily as a generous offering to our College. Thirdly, we must offer our thanks to those old Bart.'s men and donors who have made the acquisition of the site possible for us. In the first instance, an approach was made to the members of the staff of the Medical College, for we felt that, until we could show willingness to help ourselves by gifts of our substance, it was unfair to approach others for assistance. We met with great success, for the staff and the demonstrators have together put up a sum of £13,700.

"We then proceeded to approach the old Bart.'s men with some reluctance, well realizing that, in times like those we have gone through, their pockets must have been the first to suffer. Notwithstanding these difficult times, they have subscribed a sum of money of about £11,000, making the total subscription of Bart.'s men approximately £25,000. I would especially wish to thank the secretaries in the various counties of the Kingdom who have undertaken the collection of money, and have stimulated a spirit of rivalry between the counties with such success that the counties of Devon and Kent have put together over £500, with Somerset very nearly reaching that figure. I should also very much like to thank the doctors in the Services, who have subscribed over £500. I feel sure that the old Bart.'s men have not finished yet. From all over the world we have received messages of sympathy and goodwill from those who cannot afford to send us funds; but, before our appeal is ended, I trust that every Bart.'s man, however small his subscription may be, will see that his name is placed on the list as an evidence to generations to come of what those of this generation thought of their old School.

"I must now also thank those generous donors who

have come to our aid before we made this appeal public, and especially the following:

"University of London, £5000; executors of the late Alfred Rothschild, £2000; Corporation of the City of London, £1000; Mercers' Company, £1000; Goldsmiths' Company, £500; Unilever Bros., £500; Fishmongers' Company, £262 10s.; Ironmongers' Company, £100; Haberdashers' Company, £50; and St. Bartholomew's Hospital Women's Guild, £627.

"We have arrived at a stage when, having acquired the site, we owe £95,000 to the Merchant Taylors' Company, and we require £25,000 to alter the present buildings so as to render them suitable for our purposes. In hard cash we have £15,000. We also have a building valued at something like £20,000. Now this building plays an important part in the next stage of our proceedings. It houses an important section of our medical studies. It is one of the terms of the Merchant Taylors' Company that we should try and sell this building by the end of 1934; in other words, that we should transfer these departments to the new site in Charterhouse Square before that date. It is a matter of some urgency, therefore, that we should raise a sum of money sufficient to alter some of the buildings in order to house these departments, and, naturally, we should like to carry out the whole of the scheme of reconstruction at one sitting if possible.

"A generous donation of £25,000 is all that is required, and it would enable us to carry the scheme through. In this connection the Merchant Taylors' Company have again been most helpful. They have allowed us to retain, for the purposes of renovation, 50% of any money that we may acquire by public appeal up to £17,000. We have, therefore, decided to make this Old Students' gathering the occasion on which to initiate our appeal to the public in general. We are as determined as we were last year, and what appeared impossible then must be all the more possible now. We appeal to this City, whose Corporation are our Governors, and will go further and appeal for funds to all lovers of efficient medical training. There is not one of us who is interested in this matter who is not bearing the burden, and is determined to see that Bart.'s shall be so equipped and ordered that it shall remain a leader of medical training and research, a great national and imperial possession." (Cheers.)

Mr. REGINALD M. VICK proposed "The Guests". In welcoming several members of the Upper House, he mentioned Lord Wakefield, whose benefactions, he said, were without number. He was one of the greatest benefactors of the progress of science, and was the President of the sister hospitals of Bethlem and Bridewell. At enormous cost he had established the Wakefield Extension movement.

Lord MOTTISTONE and Sir GEORGE NEWMAN (Chief Medical Officer of the Ministry of Health) responded.

Dr. GEOFFREY EVANS submitted the toast of "The Chairman", who, he said, was one of the brightest stars in the medical firmament.

The CHAIRMAN thanked the Prime Minister for his stimulating address. Continuing, he said he received on Saturday the following letter:

"I have very much pleasure in sending my donation of a thousand pounds towards the Medical College, with my best wishes for its new home.—  
Yours sincerely, WAKEFIELD."

(Cheers.) From Scotland he had received the following:

"I will give a donation of £100 a year for seven years. If you can keep me alive after that, I will see what more I can do."

(Laughter and cheers.)

There was a letter from "A grateful patient", offering £100 a year for ten years; while £200 had been received from Lord Leverhulme, and cheques from other friends amounting to £300. (Applause.)

Between the speeches Miss Harriet Cohen and Mr. Lionel Tertis played a selection of music.

## CHEMISTRY AND MEDICINE.\*



MEDICINE is an applied science, but is itself older than the sciences applied. When Hippocrates and his contemporaries began the study of diseases, at the bedside, by careful observation of signs and symptoms, they had no foundations of anatomy and physiology, nor of chemistry and physics to build upon. The knowledge of those sciences which we now possess owes much to the labours of medical men. This is true, not only of human anatomy and physiology, but also of physics and chemistry. The list of physician-chemists is a long one, and includes such names as Mayow, Willis, Cullen, Boerhaave, Berzelius, Wollaston and Prout; and down to a comparatively recent date, he who wished to study the sciences had to acquire them in a medical school. In early times, when medicine was emerging from magic, and chemistry from alchemy, there were links between them in the search for the elixir of life, and later the iatro-chemists tried to explain the ailments of mankind in terms of chemistry as they knew it. Moreover the doctor felt the need of chemical knowledge in connection with the preparation of his medicines.

\* A summary of a lecture delivered to preclinical students by Sir Archibald Garrod on October 19th, 1933.



In 1828, when Wöhler obtained urea, a definite organic compound, from the inorganic ammonium iso-cyanate, the gulf which had been thought to exist between the chemistry of inanimate and that of living things was bridged, and the field was open for the development of organic chemistry—the chemistry of carbon compounds.

It became obvious that the power of the carbon atoms to combine with each other, to form chains and other groupings upon which may be built up molecules of many atoms, renders possible the complex chemistry of living things. In the earlier years of the 19th century, the nature of the various calculi, urinary and others, had been made out, and chemistry acquired fresh links with medicine by the introduction of various tests for glucose and other abnormal constituents of urine. A simple chemical equipment became an essential part of the equipment of the consulting-room. But still the details of metabolism, the chemical changes in the living plant or animal, were obscure, and the mode of origin and of many products found in the excreta remained unknown. The proteins were known to be built up of immense molecules, but the structure of those molecules was unknown.

At the end of the nineteenth century came another great advance, when Emil Fischer and others showed that the molecules of proteins are built up of a number of fractions—amino-acids—which, being both acids and bases, are able to combine with their neighbours, with one as a base and with another as an acid, and so to form chains and clusters of great complexity and almost infinite variety. Amongst the twenty-odd protein fractions now known are compounds, such as tyrosin, leucin and cystin, which had been familiar as constituents of the excreta. It soon became apparent that by the combination in various groupings of the protein fractions, a vast number of protein substances can be formed; and that the proteins of different species and genera differ. It became evident that the proteins of the food-stuffs were broken down in the alimentary canal into their constituent amino-acids, which in their turn were built up once more into the specific proteins.

Further, it became evident that there was a chemistry of the individual, as well as of the species: that the obvious differences of form were associated with less obvious differences of chemical structure.

Not only can the animal body produce protective substances under the stimulus of an infection, but we now know that chemical substances, of which several have been obtained in crystalline form, and some have been synthesized, are secreted into the blood by certain glands—the endocrines—the function of which was long unknown. These hormones control many bodily

functions, the growth and bulk, the blood-pressure, the growth of hair, and development of the sexual functions. The vitamins in foods also act as exogenous hormones, and when present in minute amounts exert influences which render them essential to growth and health. Again the advances of physical chemistry, the study of colloids, the growth of knowledge of catalysts—of chemical substances which do things, or get them done—have changed all our conceptions.

If from the laying down of the medical curriculum chemistry was regarded as a necessary part thereof, as providing a scientific training; to meet the requirements of pharmacy and for the testing of excreta, it has become far more necessary at the present day, when chemical conceptions permeate the whole science of medicine.

But the chemical is only one of the standpoints from which the field of medicine needs to be observed. You do not all need to become bio-chemists, but you do need to know something of the standpoint of the bio-chemist. Just as you learn details of human anatomy, in order that you may retain through life, not the details, but a working picture of the structure of the human body, so you need to retain a mental picture of the chemical processes of which that body is the seat.

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## SURGICAL APHORISMS.

(Continued from p. 7.)

48.

The thyroid gland is one of the most exacting provinces of surgery. Difficulties arise when least expected, and can only be met by exact attention to detail. Most of them can be forestalled by the same principle.

49.

It is probable that surgery is merely a phase in the treatment of toxic goitre, but the success of the method is such that the phase is likely to be prolonged.

50.

The object of operation for toxic goitre is to break a vicious circle which affects both body and mind. The patient is never "cured" by the operation, but is enabled to live at a different level of existence—so different that it may look like cure to an ordinary observer.



51.

Urgent hæmorrhage into a thyroid adenoma is a common event in text-books, though a very uncommon one in real life.

52.

Thyroidectomy has two terrors—the recurrent laryngeal nerve and the parathyroid gland. The first of these is always in a position of real danger, and the results of injuring it are equally real. The second is merely a bogey, post-operative parathyroid deficiency being so rare that its production clearly depends on exceptional circumstances.

53.

Carcinoma of the thyroid is one of the less malignant forms of new-growth. It can often be successfully treated if the diagnosis is made before the late signs, such as paralysis of the cervical sympathetic, have appeared.

54.

The most important sign in the diagnosis of carcinoma of the thyroid is a hard consistency. This can often be detected before any infiltration outside the thyroid gland has taken place.

55.

Surgical extirpation of a thyroid carcinoma, with or without secondary glands, should always be followed by a course of X-ray therapy, the growth being moderately radio-sensitive.

56.

The march of surgery—the nearer the heart, the slower.

57.

The present state of thoracic surgery has often been compared with the corresponding stage of abdominal surgery as it was many years ago, and equally rapid progress has been predicted. But the course of thoracic surgery is beset with complicated problems in bio-physics for which no parallel can be found in the abdomen, and the margin of safety will always be narrower.

58.

In the days when empyema of the thorax provided a surgical holiday for physicians, chronic empyema sinus was a commonplace, and the after-results have provided some pretty problems for surgeons. Thoracoplasty and decortication of the lung are, however, operations for which there is a diminishing need as the prevention of "chronic empyema" comes to take the place of cure.

GEOFFREY KEYNES.

(To be continued.)

## A NOTE ON THE HISTORY OF THE CHARTERHOUSE.

**T**HROUGH what vicissitudes of fortune have passed the foundations which can trace their origin to the medieval ages! How strongly linked are they with the history, not only of their town or district, but with the history of their country! Indeed, in the hands of a skilful historian, one could almost imagine the history of the country being woven into the history of the Institution. The monks and the monasteries have had their day, they have played their part; have been consumed in the fire of time, and yet from their ashes have risen, Phoenix-like, other institutions which still occupy their sphere of usefulness, and are something more than mere historical monuments of interest only to the antiquarian.

The origin of many of our most cherished ancient institutions can be traced back to the church, and especially is this the case with those founded in the last years of the fourteenth century.

The Black Death, terrible, swift and certain in its onslaught, made men introspective and inclined to the belief, fostered by religious teaching, that the scourge had come upon them because of their wickedness; and it occurred to them that the only way in which they could propitiate an angry Providence was by giving to the Church. Thousands of families became extinct, and the question of the disposition of their property occasioned numerous law-suits. The fear of death and the knowledge that they had no friends or relatives to whom they could leave their possessions prompted men to dispose of their wealth to brotherhoods and sisterhoods who devoted their lives to the service of God. Consequently vast sums and huge endowments were handed over to the monasteries.\*

A more unfortunate result of the Black Death to the monasteries should, however, be mentioned, because it sowed the seed of corruption, and caused the scandals which culminated in the charges of Henry VIII against these religious bodies. Ignorant laymen who had lost their wives and children crowded into the Monastic orders with no other object than that they might participate in the respectability of the priesthood, and in the rich heritage which fell to the Church from all

\* "Merchants whose earnings and possessions were unbounded coldly and willingly renounced their earthly goods. They carried their treasure to monasteries and churches, and laid them at the foot of the altar; but gold had no charms for the monks, for it brought them death. They shut their gates; yet, still it was cast to them over the convent walls. People would brook no impediment to the last pious work to which they were driven by despair."—Hecker.

quarters. The influx of such as these could not but bring ill-repute, in course of time, upon the monasteries.

It was at this time that Sir Walter de Manny, finding that the churchyards were not sufficient to provide accommodation for the burial of the enormous number of those dead of the plague, purchased "a piece of ground near St. John Street called Spittle-Croft without the Barrs in West Smithfield of the Master and Brethren of St. Bartholomew Spittle containing thirteen acres and a rod and caused the same to be enclosed and consecrated by Ralph Stratford Bishop of London at his own proper Cost and Charges". This land he called "New Church Hawe", and here in the next year were buried more than 50,000 persons (Camden says 60,000).

In that fatal year,  
When Prodigies familiar were;  
Ills and Distempers in the East began,  
And nimbly over Europe ran:  
When living man amaz'd beheld the dead  
And Carcases o're all the world were spread;  
Thou, Walter Manny, Cambray's Lord  
The bravest man that blind age could afford,  
Didst take compassion on the wandering ghosts  
Of thy departed Friends;  
Didst consecrate to the Lord of Hosts,  
Thy substance for Religious Ends.

—Herne.

In 1349, on the site of New Church Hawe, Manny caused a chapel to be built, wherein offerings were made and masses said for the souls of "so many Christians departed". The east and south walls of the present church are all that are left of this chapel—they are concealed behind wood panelling.

In 1371 Sir Walter Manny founded on the site a Monastery for Carthusian monks. The following year he died and was buried in the chapel.

Charterhouse (a corruption of Chartreuse) was the third monastery established in England for the monks of the Carthusian order. It was dedicated to the Virgin Mary (*La Salutation mère Dieu*). The order of Carthusians was originally founded by St. Bruno, who erected their first monastery (*La Grande Chartreuse*) at Carthuse, near Grenoble, about the year 1084, at the summit of a steep mountain in what was at that time a vast wilderness. This monastery is still in existence, and was occupied continuously by monks from the date of its foundation (with the exception of a few years during the French Revolution) until the recent suppression of the monasteries by the French Government. It has always been famed for the manufacture of the Chartreuse liqueur.

The Carthusians originally came to England in 1181 and founded their first monastery at Witham, in Somersetshire. The habit of the Carthusian was a white loose coat with a cowl of the same material. For outdoor wear a cape of black cloth was placed over this.

They had their heads shaved like the Benedictines. Each occupied a separate cell. In the cloister of the Charterhouse can be seen the places in the wall where the entrances to the cells have been filled in. The monks were served by lay brethren who wore their hair short, but their heads were not shaved; in Charterhouse these lay brethren were accommodated in Wash House Court, which is still in existence. Women were not allowed within the precincts of the monastery, nor was a brother permitted to speak to them without special licence given by superior lay brethren.

At the period immediately preceding the dissolution of the monasteries, Prior Houghton, who was at the head of the establishment at Charterhouse, was with his brethren required, in accordance with the Act, to acknowledge the supremacy of the King. They refused, and Houghton was hanged and quartered at Tyburn on May 4th, 1535, for his adherence to the dictates of conscience. The others met a similar or even worse fate. This contumacy (for as such it was regarded) provided the excuse which Cromwell possibly wanted (although excuses were by no means indispensable), to seize the revenues for the King. The Carthusians, to which order Houghton belonged, had the reputation of being the holiest and most renowned of English Churchmen, but it has been said of Thomas Cromwell that his blows were effective just because he chose his victims from among the noblest and the best. Having thus gained possession, Henry dismantled the monastery, and for a time used it as a storehouse for his "hales and tents". The Guesten Hall (Great Hall), the Antechapel of the church and the cloister are some of the remaining buildings of this period.

It is said by some that the monastery was then given by the King to Sir Thomas Audley, the Lord Chancellor, by whom it was sold to Sir Edward North. Others say that it was given to Sir Edward North direct. At all events, Sir Edward North sold it in 1553 to John Dudley, Duke of Northumberland, on whose execution and attainder the same year it again reverted to Lord North by a grant from the Crown. In 1565 Roger, second Lord North, sold it for £2820 to Thomas Howard, Duke of Norfolk, on whose execution and attainder in 1572 it again reverted to the Crown. Queen Elizabeth subsequently gave it to the duke's second son, Thomas, afterwards Earl of Suffolk. He was the father of the notorious Countess of Somerset, who was found guilty with others of the murder of Sir Thomas Overbury, but received the royal pardon.

During this period the monastery had been turned by its successive owners into a splendid mansion, in which Royalty was entertained on several occasions. The presence chamber (Great Chamber) is of this period,

and is noteworthy for its old Flemish tapestries, not too carefully preserved, and its fine Elizabethan fireplace.

On May 9th, 1611, Lord Suffolk sold the property to Thomas Sutton, who, in accordance with Edward I's Law of Mortmain, which rendered it unlawful to bestow land for any religious or charitable use without licence from the King of mortmain in Parliament, had some time previously petitioned the King that he should be allowed to erect an Hospital at Hallingbury in Essex, and an Act of Parliament was passed on March 10th, 1609, authorizing him to do so.

Soon afterwards Sutton heard that Howard House, otherwise called the late dissolved Charterhouse, could be purchased, and accordingly he bought from Lord Suffolk, for the sum of £13,000, "four or five courts, a Wilderness, Gardens, Orchards and Walks thereunto belonging, with Parden Church-yard,\* and the two Messuages adjoining, called Willbeck, with all Buildings, Closets, Ways, Waters, Services, Rents, Wages, Fellows, Goods, Outlaws, Fugitives, Liberties, Reversions, Emoluments and Appurtenances, known to belong to the said house, or other the mentioned premises".

By letters patent the Act which was passed to authorize the building of the Hospital at Hallingbury was utilized for the acquirement of the Charterhouse, which was to be named the Hospital of King James, and to accommodate eighty old men and forty boys.

Sutton died before the end of the year, and forthwith one Simon Baxter, Sutton's only sister's son, "encouraged by some hungry and corrupt persons, who were to partake with him in the spoil", attempted to take possession of the Charterhouse by force. Whereupon Richard Bird, the first porter of the Charterhouse, promptly entered an action for trespass. The case, however, was not so easily disposed of, for an action, which was a *cause célèbre*, was entered, and Sir Francis Bacon, the Attorney-General, appeared for the plaintiff, Baxter. One of the pleadings urged was that the Act of 1609 having provided for the Hospital to be built at Hallingbury, the incorporation afterwards by the King's Letters Patent was void. After long and costly proceedings the decision was eventually given in favour of

the Hospital, but Bacon seems to have been very sore on the point, for he wrote a lengthy letter to the King, an extract from which reads:

"For to design the Charter-house a Building fit for a Prince's habitation, for an Hospital, is all one, as if one should give in Alms, a rich embroydered Cloak to a Beggar. . . . And certainly a man may see, *tanquam quæ oculis cernuntur*, that if such an Edifice with six thousand pounds revenue, be erected into one Hospital, it will in a small time degenerate, to be made a preferment of some great Person to be Master, and he to take all the sweet, and the Poor to be stinted and take but the Crums; as it comes to pass in divers Hospitals of this Realm which have but the names of Hospitals and are but wealthy benefices, in respect of the Mastership, but the poor which is the *propter quid*, little relieved."

Although they won the case the Hospital, in order to avoid further litigation, thought it advisable to grease the wheels of justice, and accordingly made a handsome present to the Crown and a gratuity to Simon Baxter.

Sutton, who died on December 12th, 1611, was buried in the chapel of the Hospital beneath a beautiful monument, the work of Nicholas Stone and Jansen.

On July 30th, 1613, the first governors, who had been nominated by Sutton, met and drew up rules governing the admission of old pensioners, and before the end of the year eighty brothers were duly admitted. The brethren had to be gentlemen who through misfortune had been reduced to such a financial position that they could not command an assured income of more than £60 a year.

Here again we have the spectacle of an Institution doing good work faced by falling revenues and increased cost of maintenance. Sutton's Hospital is now able to maintain only sixty-five brethren.

The school for boys has produced many brilliant men, all of whom have had a sincere affection for their *alma mater*. By its constitution the Master is able to take paying scholars, and the fame of the school has attracted boys of a superior station. The admission of poor boys is dependent upon the acquisition of scholarships. The school has long since been removed to Godalming, and the premises vacated sold to the Merchant Taylors' School, who erected in 1870-1872, upon the site, the present school buildings in Rutland Place.

A. H. COUGHTREY.

[This article was published in *The Hospital Gazette* (now *The Hospital*) twenty years ago.—A. H. C.]

\* The plot of land, about three acres in extent, known as *Parden* or *Pardon Churchyard*, was bought by Ralph, Bishop of London, from the Knights Hospitallers of St. John, and during the Black Death in 1348-49, huge numbers of those who died from the plague were interred there. The churchyard was administered by the Priory of St. John and enjoyed the right of Sanctuary. On the dissolution of the monasteries it was probably seized by the King, and may thus have become part of the land granted to Sir Edward North. Being contiguous to the land purchased for the same purpose from St. Bartholomew's Hospital by Sir Walter Manny, the 50,000 which is given as the number of persons buried in New Church Hawe must have included those who were buried in Pardon Churchyard. It is estimated that 100,000 died of the plague in London alone.

## THE PATHOLOGIST.

Pity the poor pathologist  
 Who lurks inside a lab,  
 Emerging thence at intervals  
 Like some strange hermit crab !

He is a shy retiring soul,  
 Eccentric in his habits.  
 His chief associates and friends  
 Are guinea-pigs and rabbits.

His daily round, his common task,  
 Is growing germs on seaweed,  
 Or wandering round the wards to ask,  
 If number nine has w——d.

You might suspect as you collect  
 That early morning specimen  
 That all pathologists must be  
 Particularly messy men.

But though their habits may appear  
 To verge on the obscene,  
 In private life pathologists  
 Are often fairly clean.

R. B. P.

## ABERNETHIAN SOCIETY.

At the Inaugural Meeting of the Abernethian Society, held on October 19th in the Medical and Surgical Theatre, Sir Henry Gauvain delivered an address entitled "Twenty-five Years at Treloar's". It was his own personal account of the development of the treatment of children crippled by tuberculosis. The history of Treloar's, his appointment as the only man in charge, physician, surgeon, organizer and dispenser, the methods by which he set about his work, and the incredible results that have been obtained from so small a beginning, were all told with delightful humour.

Sir Henry Gauvain paid a fine tribute to Sir William Treloar, the founder of the hospital, and then rapidly showed many slides illustrating the hospital at Alton, and the work that was done there and at Hayling Island. He demonstrated the technique of the treatment, correction of deformity, immobilization, sun, fresh air and sea-bathing, and showed the superb results that were being obtained.

Sir CHARLES GORDON-WATSON, in proposing a vote of thanks, said that Sir Henry Gauvain was the pioneer in applying these methods, which were now universally copied.

Mr. J. A. NUNN eloquently seconded the vote of thanks.

## STUDENTS' UNION.

### RUGBY FOOTBALL CLUB.

The XV have played six matches so far this season, having had matches practically every Saturday and Wednesday since the season opened with a match against Middlesex Hospital on Saturday, September 30th. The results so far are : 3 won, 3 lost ; points for, 48 ; points against, 42.

After a shaky start the team shows signs of developing into a sound combination, which ought to prove very effective, though lacking in brilliance. The team spirit, in which every member has faith in his colleagues, combined with backing up, will prove efficacious against sides with more individual talent.

The team already shows the characteristics which have come to be associated with Bart.'s XV's of recent years, to wit, a sound defence, a moderate attack, the ability to present "gift" tries to the opposition and the inability to convert tries. This season, out of 14 tries scored, only two have been converted.

The facilities for training at Charterhouse Square are proving invaluable to the side, which is able to turn out twice a week for scrum practices, etc. Also we are greatly indebted to Mr. B. H. Black, the English International forward, for the invaluable hints he has given the forwards in regard to scrumming, and to the team in his discussions on the theory of the game.

### ST. BARTHOLOMEW'S HOSPITAL v. MIDDLESEX HOSPITAL.

Played on September 30th, at Winchmore Hill. Won, 13-0.

In the opening game of the season at Winchmore Hill against Middlesex Hospital, the standard of play was distinctly below par. The team lacked cohesion, playing rather as fifteen individuals than as a combination with one purpose in view.

The forwards scrummaged very badly, and even when they did get the ball, it came back too slowly for any effective use to be made of it by the backs, who failed to find contact with each other, and had a tendency to bunch together and crowd out the wings.

The final score was a victory for Bart.'s by 2 goals and a try to nil. Tries were scored by Nel, Fairlie-Clarke and Wilson, Morison converting two.

*Team*.—C. R. Morison (*back*) ; L. M. Curtis, C. M. Dransfield, J. R. Kingdon, J. G. Nel (*three-quarters*) ; G. A. Fairlie-Clarke, K. Lumsden (*halves*) ; E. M. Darmady, R. S. Hunt, J. M. Jackson, R. Mundy, G. Gray, B. S. Lewis, W. M. Capper, J. D. Wilson (*forwards*).

### ST. BARTHOLOMEW'S HOSPITAL v. OLD LEYSIANS.

Played on Saturday, October 7th, at Winchmore Hill.

The match resulted in a well-deserved victory for the Old Leysians by a goal and three tries (13 points) to a try (3 points). In this game the Old Boys' three-quarters proved to be the deciding factor, and showed much more speed and skill than those of the Hospital, although three of the tries scored were due to bad blunders on the part of our defence rather than to constructive play on the part of our opponents. But, to give credit where credit is due, they were sufficiently alive to take advantage of their opportunities.

The game was characterized by some indifferent play by the Hospital, with the result that all their attacks just petered out. One feature of the game was the improved scrummaging of the pack, who obtained a fair share of the ball in the tight ; but apart from that, the line-out and loose work left much to be desired, the exceptions being Newbold, who, playing his first game for the Hospital, gave a very creditable display, and Lewis, who was as ubiquitous as ever.

The backs played in a very ragged fashion, due, no doubt, to the fact that the service from the scrum was on the slow side. Both Fairlie-Clarke and Kingdon put in some sound defensive work.

Morison at full-back did not give quite that rock-like display we have come to expect of him, but we understand there was some predisposing cause for this.

For the Old Boys F. R. Brown, at fly-half, was safe, but rather prone to kick unnecessarily, while T. K. Lacey, in the centre, played very well and was responsible for more than one of his side's tries.

Tries were scored by Lacey (2), Lee and Hockin for the Old Boys, of which Kilner converted one ; while Wilson scored for the Hospital late in the second half from a loose scrum near the line ; Morison failed with the kick.

*Team*.—C. R. Morison (*back*) ; L. M. Curtis, C. M. Dransfield, J. R. Kingdon, J. G. Nel (*three-quarters*) ; G. A. Fairlie-Clarke, J. D. Wilson (*halves*) ; E. M. Darmady, R. S. Hunt, J. M. Jackson, W. M. Capper, G. Gray, B. S. Lewis, J. C. Newbold, R. Mundy (*forwards*). Referee : H. J. Hiley.

### ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

Played at Winchmore Hill on Wednesday, October 11th.

This resulted in a comparatively easy victory for Bart.'s by a goal and four tries to a drop goal. We were playing an experimental side against what was virtually a St. Thomas's "A" side.

The team played a very slack and sleepy game until stimulated by the fact that St. Thomas's scored first with a drop goal by Williams. By half-time the score was 5-4 in our favour, due to a try scored by Youngman after a good run. In the second half tries came at regular intervals, mainly due to some brilliant running by Youngman,



who played well throughout, though he received an injury to his knee. Tries were scored by Youngman (3), Fairlie-Clarke and Swinstead, Darmady converting one.

Little, at fly-half, made a very successful *début* in the 1st XV in spite of the fact that he had to cope with a series of very wild passes from the base of the scrum. The outstanding forward on the field was Swinstead, who worked hard continuously and was always on the ball.

*Team*.—C. M. Dransfield (*back*); G. A. Fairlie-Clarke, L. M. Curtiss, R. M. Kirkwood, J. C. Youngman (*three-quarters*); W. A. Little, J. D. Wilson (*halves*); E. M. Darmady, R. S. Hunt, P. D. Swinstead, J. M. Jackson, G. Gray, J. C. Newbold, F. M. Braines, G. L. Way (*forwards*).

Referee: G. E. Beynon.

#### ST. BARTHOLOMEW'S HOSPITAL v. LONDON HOSPITAL.

Played at Hale End on Wednesday, October 18th.

The result of this match was a comfortable victory for Bart.'s over a weakened "London" side by four tries to a penalty goal.

The feature of the game was the excellent scrummaging by the forwards and the effective combination among the three-quarters. Little again played a sound, steady game.

The only criticism to be made here is that the forwards are too lethargic in the loose, and are content to let one man do the work instead of backing up and helping him. Darmady led the pack well and set a very good example to them, his efforts being rewarded by a try.

The place-kicking in this game was deplorable, and must improve if we are going to win our matches.

Tries were scored by Youngman, Nel, Wilson and Darmady, while Thompson kicked a penalty for London.

*Team*.—J. T. H. Butt (*back*); J. G. Youngman, C. M. Dransfield, R. M. Kirkwood, J. G. Nel (*three-quarters*); A. W. Little, J. D. Wilson (*halves*); E. M. Darmady, R. S. Hunt, P. D. Swinstead, D. W. Moynagh, G. Gray, J. C. Newbold, C. McNeil, R. Mundy (*forwards*).

#### ST. BARTHOLOMEW'S HOSPITAL v. RUGBY.

This match was played on Saturday, October 14th, at Rugby, and was lost by 13 pts. (2 goals, 1 try) to 3 pts. (1 try).

The first half began in a heavy downpour of rain, which continued till half-time. From the kick-off Bart.'s attacked strongly and play for some time remained in the Rugby "25", but we were unable to score, and the play was gradually brought back to the Bart.'s half.

Receiving the ball from a scrum on our "25" line, the Rugby fly-half ran through to score behind the posts, little disturbed by the ineffectual attempts that were made to tackle him. The try was converted. Encouraged by their success Rugby kept up a hard pressure on our line, and considering the difficult conditions, the handling of their backs was remarkably good. After some scrambling play in mid-field, a forward rush brought play beneath our posts, and during a *mêlée* there a forward dived over for their second try, which was again converted. Bart.'s now kept play inside the Rugby "25", and were exceedingly unlucky in not scoring more than once. Both Jackson and Darmady were brought back for alleged infringements after going over the line, and Kirkwood's drop at goal went very near to being successful. At last, by some judicious kicking, play was brought back to our half. A breakdown in a Rugby attacking movement resulted in the ball being kicked obliquely across the field towards the corner-flag. For some mysterious reason no member of our defence attempted to play the ball, and a Rugby player was allowed to run up, tap the ball over the line and touch it down for their third try, which was not converted. The beginning of the second half was marred by an unfortunate accident to Curtiss, whose right shoulder was dislocated by quite unnecessary "manhandling" an appreciable time after the whistle had gone. This misfortune seemed to spur us to greater effort, and a continuous attack was kept up on the Rugby line. On two occasions tries were lost by forwards booting blindly over the dead-ball line with an unguarded try-line at their mercy. Newbold (who had been taken out of the pack to play on the left wing) and Nel were brought down, after good runs, when a score seemed certain. At last our pressure was rewarded, and none too soon. From a drop-out Nel received the ball and ran hard, to be brought down a yard from the line; the ball went loose, but Mundy was up to go over in the corner for a try. The kick failed. The later stages of the game were marked by intensive "footwork", and it is surprising that Curtiss was not joined at the local hospital by many

more players. The game ended with Bart.'s still attacking. We can fairly say that we were unlucky in losing by such a margin. If the unfortunate lapses of the first half could have been atoned for by the splendid effort of the second, it would have been a fairer result. The pack were much improved and were well together in the rushes, but the heeling is still ragged, and certain members must learn to curb their impetuosity when dribbling near the line. Wilson's defensive work was magnificent, and Little gave a very fine exhibition at fly-half, his touch-kicking being especially good.

The play of the three-quarter line was an improvement on previous matches, but the defence of the wings left something to be desired. Dransfield, after a rather shaky start, improved considerably, and played a good game.

#### ST. BARTHOLOMEW'S HOSPITAL v. BEDFORD.

This match was played on Saturday, October 21st, at Bedford, and was lost by 8 pts. (1 goal, 1 try) to 0.

The match was played under ideal conditions before a good crowd. It was chiefly a forward struggle, with the Bedford pack getting somewhat the better of the exchanges. In the loose there was little to choose between the packs, but the line-out work and scrummaging of the Bedford pack were definitely superior. Their backs, although receiving far more of the ball than ours, were only able to score one try (the other try being the reward of forward play). This was chiefly due to our good defence. Our backs did very little in attack owing to the fact that the ball came but seldom from our side of the scrum, but some of the chances we had went astray through bad handling.

Territorially play in the first half was evenly shared. The first Bedford try came after about 20 minutes' play, when from a line-out a Bedford forward threw himself over the line for a try which was converted. An impossible pass to Youngman when he had no one to beat and lack of support for Newbold after he had swerved his way almost to the line lost us two tries. The very fine kicking of their backs and the superior play of their forwards kept us penned in our own "25" for the greater part of the second half. From a scrum in our half the Bedford fly-half punted towards the left-hand touch-line over the heads of our three-quarters. The wing raced up, gathered the ball and went over in the corner for a very fine try, which was not converted. Bart.'s now attacked strongly, and Bedford were hard put to it to keep their line intact. During this attack on the Bedford line the game ended.

It was a good, hard-fought game, and Bedford deserved their victory. The forwards, although beaten, played quite well, Darmady, Mundy and Newbold being perhaps the best of them. The pack on the whole is still rather sluggish, and we look to an improvement in this direction as the season progresses. Morison at full-back struck his best form, and his fine defence and lengthy touch-kicking were invaluable.

#### ASSOCIATION FOOTBALL CLUB.

##### ST. BARTHOLOMEW'S HOSPITAL v. ST. THOMAS'S HOSPITAL.

Played at Chiswick on Saturday, September 30th. Result, lost 0-1.

Largely on account of exams., Bart.'s did not have a full side for this, the opening game of the season. Thomas's, on the other hand, were able to field their strongest team and we therefore did well to hold them to one goal.

There was little advantage in winning the toss, but Bart.'s were the first to attack, without being very dangerous. Dolly appeared to be the most penetrating of our forwards, and he came close to scoring on one occasion. When Thomas's attacked, McKane made several good clearances, and the defence as a whole appeared sound. There was no scoring before half-time.

The second half opened as the first had ended, with Bart.'s having somewhat the best of the midfield play, but being unable to press home their advantage. The light ball was difficult to keep on the ground, and our small forwards were at a disadvantage when the ball was in the air. In fact, it was probably their superior headwork that won Thomas's the game. They scored a goal from close in, following a scrimmage in front of the Bart.'s goal. Shortly afterwards Bart.'s set up a determined attack, and the ball was kept in the Thomas's goal-mouth for some seconds. Nearly all our forwards had a shot at goal, but Thomas's were aided by good fortune, and we were unable to score. Dolly was brought into the inside-right position, but without avail, and the game ended with the score 1-0, in St. Thomas's favour.

A feature of the game was the promising form of the "reserves".  
*Team.*—T. O. McKane (*goal*); P. J. Hardie, G. H. Herbert (*backs*); J. D. Ogilvie, D. R. S. Howell, W. M. Maidlow (*halves*); R. C. Dolly, F. D. M. Livingstone, N. H. Bloom, L. McAskie, G. R. Royston (*forwards*).

#### ST. BARTHOLOMEW'S HOSPITAL v. THE CASUALS.

Played at Winchmore Hill on Saturday, October 7th. Result, lost 0—1.

Bart.'s were able to field a stronger team for this game, but were without the regular wing-halves.

Bart.'s won the toss, and made a sensational start to the game, Dolly breaking away on the left wing, and sending in a long dropping shot, which hit the inside of the post, but came out again in a miraculous fashion. The Hospital continued to press, and after five minutes the Casuals' goalkeeper was fortunate to intercept a good first-time shot by Bloom. When the visitors attacked, their inside forwards appeared dangerous, and only a sound defence kept them from scoring. The game was played at a very fast pace on a hot day, and both sides appeared to be in poor training. However, the football was very keen, each side attacking in turn.

Neither team could claim a definite advantage until the Casuals' inside left beat several of the Hospital defence and scored from close in. This occurred midway through the second half, and was the signal for a hot attack by the Bart.'s forwards. Shackman sent in a good shot which beat the goal-keeper, but hit the cross-bar, and Dolly was also near to scoring with a hard drive. However, the Hospital attack could not obtain reward for their efforts, and the final whistle blew with the score unchanged.

The defence appeared to be the best part of the Hospital team, though Dolly tried hard in the forwards. McKane confirmed the good impression he made in the previous game, and the backs were generally sound.

*Team.*—T. O. McKane (*goal*); P. J. Hardie, A. H. Hunt (*backs*); J. D. Ogilvie, D. R. S. Howell, G. H. Herbert (*halves*); P. Brownlee, N. H. Bloom, H. A. Pearce, R. Shackman, R. C. Dolly (*forwards*).

#### ST. BARTHOLOMEW'S HOSPITAL v. THE IBIS A.F.C.

Played at New Malden on Saturday, October 14th.

Though there was some heavy rain in the morning, the condition of the ground was ideal. The first fifteen minutes of play produced many spirited attacks from both sides, during which time McKane excelled on several notable occasions. Shortly afterwards the opposing inside left scored when the ball came clear from a muddle in the mouth of our goal. After this slight reverse Bart.'s pressed harder, and soon Royston scored as the result of a good movement on the left wing.

In the second half the game was opened out and the forwards were able to show their abilities to greater advantage. The opposing team, however, eluded the defence with a fast movement on the right wing, and their centre-forward rushed the ball past McKane into the net to make the score 2—1. A few minutes later the Ibis Club scored again from a penalty. The score was then 3—1 in their favour with only fifteen minutes to go, and Bart.'s, inspired with renewed vigour, kept the opposing goal-keeper busy. The efforts of the forwards were not to be fruitless, for Royston scored again from a fine centre by Brownlee on the right wing. A few minutes later Dolly took a brilliant shot from the touch-line, which rebounded from the post, and Shackman succeeded in scoring with a hard shot into the corner of the net. There was no further scoring in the remaining few minutes and the whistle blew with the score 3—3.

*Team.*—T. O. McKane (*goal*); G. A. Mandow, G. H. Herbert (*backs*); J. D. Ogilvie, D. R. S. Howell, J. W. B. Waring (*halves*); R. C. Dolly, R. Shackman, G. R. Royston, N. H. Bloom, P. Brownlee (*forwards*).

#### HOCKEY CLUB PROSPECTS.

Prospects for this season are more than usually bright. It is true that in the retirement of Hindley, Snell and Fowler we suffer a great loss, but such will always happen, and with the inclusion of J. R. Winter from Cambridge, the defence should be as strong as ever. Especially satisfactory is the appearance of some three or four "freshers" who, if not this season, at any rate in the near future, will be strong candidates for the 1st XI.

As yet the 1st XI have not been able to field a team of full strength. Wednesday, October 11th, saw a more or less scratch team defeat Guy's 3—1. It was extraordinary that there the Hospital scored

all three goals within the first fifteen minutes. Winter played well at centre-half, while two "freshers", Sharpe and Roberts, showed promise as inside forwards. Saturday, October 14th, was unfortunate, for the Hospital lost 5—0. The forwards there left much to be desired, falling into the old fault of bunching together when wide-open play was obviously indicated. In the next few weeks the 1st and 2nd XI's should, however, settle down, and a really good season is confidently expected.

In conclusion it is urged that those joining the club should be as regular in their playing as possible. Fixtures for three teams have been arranged, and this necessitates real keenness in every member if the season's programme is to be successfully carried out.

J. M. L.

#### ST. BARTHOLOMEW'S HOSPITAL v. R.N. AND R.M. CHATHAM.

Played on October 21st. Drawn 3—3.

A draw was probably the most satisfactory ending to this most enjoyable afternoon. With a perfect pitch and opponents of the usual naval type, a game resulted which was truly fast and furious.

The Hospital started off with a rush, and following some good forward play, Blackburn dribbled through to score (1—0). It was not, however, for long that we retained this lead, for the R.N. and R.M. started a very strong movement which led, after some anxious moments for Crosse, to a goal scored with a hard first-time shot (1—1). The game from now on was of a hard, ding-dong type, and another goal from Blackburn was almost instantly replied to (2—2). If anything, this half Bart.'s had the advantage—a goal from a short corner being disallowed, and Martin later shooting high over the goal-posts.

The second half was harder than ever. The Hospital forwards, though successful at times, seemed to lose their effectiveness, and in spite of some very hard work from Crosse, Wright and Masina, our opponents drew level just before time (3—3).

#### RIFLE CLUB.

Members of the Club will be pleased to know that Dr. Geoffrey Evans has kindly consented to become one of its Vice-Presidents. The chief officers of the Club are now, therefore, as follows:

*President.*—Sir Thomas Dunhill.

*Vice-Presidents.*—Prof. Woollard, Dr. Geoffrey Evans.

## REVIEWS.

THE ENLARGED PROSTATE AND PROSTATIC OBSTRUCTION. By KENNETH WALKER, M.A., M.B., B.C. Second edition. (Oxford University Press.) Pp. xiii + 223. Figs. 62, 1 coloured plate. Price 12s. 6d. net.

Ten years have passed since the first edition of this excellent monograph was published. The main changes in the new edition are those necessary to keep pace with the advances, especially in treatment, published in the course of that period of time. This has added some thirty pages to the text, and two new chapters—on the malignant prostate and the mechanism of obstruction. As might be expected, the other important addition is in the chapter dealing with the perurethral operations, which the author has done so much to advance in this country. He gives a very clear exposition of the principles involved and the methods used, notably with the diathermy punch and the McCarthy electrotome.

On the treatment of the malignant prostate Mr. Walker is not very hopeful, because of the difficulty in early diagnosis and the disappointing results of radiotherapy. The only optimistic surgical statistics are those of Thomson Walker, but the diagnosis of carcinoma there was only post-operative.

The explanations of the causes and mechanism of prostatic obstruction is elucidating and convincing, supported as it is by the writer's own researches.

The style throughout is clear and readable, and there are very interesting references to the history of the subject. A few illustrations have been added and the comprehensive lists of references at the end of each chapter have gained in value by rearrangement alphabetically.

The work remains a model monograph written by a master, essential alike to specialist and serious student.

RECENT PROGRESS IN MEDICINE AND SURGERY, 1910-33. By Various Authors. Edited by Sir JOHN COLLIE, C.M.G., M.D., D.L., J.P. With a Foreword by Lord HORDER of Ashford, K.C.V.O., M.D., F.R.C.P. (London: H. K. Lewis & Co., Ltd., 1933.) Pp. xii + 368. With 38 illustrations and 3 charts. Price 16s. net.

Contents: Endocrinology, by Prof. W. Langdon Brown; Orthopaedic Surgery, by H. A. T. Fairbank; Neurology, by Prof. E. Bramwell; The Eye, by Sir William Duke-Elder; The Diagnosis and Treatment of Peptic Ulcer, by T. Izod Bennet; Urology, by J. Swift Joly; Conservative Treatment of Surgical Tuberculosis, by Sir Henry Gauvain; Bacteriology, by R. Tanner Hewlett; Physical Medicine, by Sir R. Stanton Woods; Radiology, by Prof. J. M. Woodburn Morison; Oto-Rhino-Laryngology, by Sir James Dundas-Grant; Diabetes and Glycosuria, by R. D. Lawrence; Rheumatism, by Bernard Schlesinger; Anaesthesia and Analgesia, by I. W. Magill; Vitamins in Relation to Clinical Medicine, by Prof. S. J. Cowell; Pernicious Anaemia, by Prof. G. Lovell Gulland; Manipulative Surgery, by J. B. Mennell; Biochemical Methods in General Practice, by Prof. O. L. V. de Wesselow; Tropical Medicine, by Sir Leonard Rogers; Active Immunization against Diphtheria, by Sir John Collie; Plastic Surgery, by Sir Harold Gillies.

To quote extensively from prefaces, forewords, introductions and contents tables is the mark of the lazy reviewer, yet it would be wellnigh impossible to be fair to this volume in any other way. In his foreword Lord Horder says enough to convince every practitioner of the need of a place on his shelf for such a book as this.

He writes: "To single out any one, or even a number, of the twenty-one articles for special comment would be invidious. In every case it is obvious that the writer speaks as one having authority, and 'not as the scribes.' From the opening article on Endocrinology, in which the Regius Professor of Physic at Cambridge writes with that sanity and appositeness of expression with which we have long associated his name, to the closing article on Plastic Surgery, by Sir Harold Gillies, who has made this subject so peculiarly his own, the chapters are contributed by men who are themselves in the very front of the advancing line, and whose selection and marshalling of their material may therefore be accepted as the best that is possible.

"One word of warning—these pages are as full of facts as an egg is full of meat; it behoves the reader to eat slowly. This is no book for an idle hour. Rather is it one on which to embark when the brain is fresh, and the desire for information is keen. Altogether the amount of ground covered is enormous; yet every one of the articles succeeds in presenting, in readable sequence, the most important directions in which progress has been made in the particular branch of medicine in recent years. It would be hard to find any new fact of primary importance, whether this has been added to the science or to the art of the doctor's profession during the period covered, which is not recorded in this volume.

"The most cordial congratulations are due to the Editor and to his distinguished colleagues."

It is, of course, impossible to deal with each article individually. Photographs and diagrams are profuse; there are four coloured plates; the editor and publishers alike are to be congratulated on the production of an attractive book that has been needed for some time.

SOME THOUGHTS ON ASTHMA. By A. J. D. CAMERON, M.B., Ch.B., with Foreword by KENNETH PLAYFAIR, M.A., M.B., B.Ch., M.R.C.P. (Bristol: John Wright & Sons, Ltd.) Pp. viii + 178. Price 7s. 6d. net.

These thoughts on asthma are engendered by a clinical and biochemical study of an unstated number of cases, and 15 case-records are included in an appendix.

The author introduces the subject by stressing the part which "basal toxicosis" plays in causing the condition, acting in conjunction with some abnormality in the region of the ethmoid air-cells and other factors. The logical treatment is stated to be detoxication by means of a course of colonic lavage, the correct technique of which is described in detail.

The various causes to which asthma has been attributed are briefly considered, and all are thought to be unsatisfactory. The author is less critical of the basal toxicosis theory than of any other, and, in this connection at least, manifests a marked tendency to confuse hypothesis with proof.

A considerable part of the book is devoted to a study of the biochemical findings in certain asthmatics, but the results are not examined critically, and the conclusions, which appear to be based on generalities, would not commend themselves to an expert biochemist.

Active detoxication is supplemented by diet and exercises. The

use of drugs is discouraged and the results of these measures, in the author's hands, are stated to be excellent, although the grounds for this statement are only given in the most general terms, and it is not possible, therefore, to judge the value of these observations strictly on their merits.

SURGICAL OPERATIONS. A Text-book for Nurses and Students. By E. W. HEY GROVES, M.D., B.Sc., M.S., F.R.C.S. Third edition. (Oxford University Press.) Pp. viii + 263. Figs. 204 and Appendix. Price 18s. net.

This is a very clear, well-illustrated book which embodies the descriptions of all the operations that the nurse or student is likely to witness in their few years in a large hospital.

It is a pity that on the cover there should be omitted the words "and students" of the sub-title. It is improbable that a student would look twice at a book on the library or book-store shelf labelled "for Nurses". This is the more unfortunate, as we are sure that the work would prove invaluable to a student during his first surgical appointments.

After a comprehensive chapter and appendix on general surgical technique, there follow descriptions of the surgery of the various parts. To the student fresh from the dissecting-rooms, the brief anatomical survey that precedes each description would probably be superfluous. There is nothing else, however, that would not prove of the utmost value in making the objects and steps in each operation perfectly clear. Particular attention is paid to pre-operative and post-operative treatment.

The work is profusely illustrated, and the figures are of a high standard. There is an invaluable appendix illustrating about a hundred and fifty types of surgical instruments, mostly by means of figures from the catalogues of the instrument makers.

The book has been submitted to Sister Theatres at this Hospital, therefore the nurse can be sure of her needs being thoroughly catered for. The student also will find much that will help to clarify and add interest to the watching of operations, too often made tedious through his ignorance of the procedure.

MATERNAL MORTALITY AND MORBIDITY. By J. M. MUNRO KERR, M.D. (Edinburgh: E. & S. Livingstone, 1933.) Price 25s. net.

This is a book of 382 pages dealing with every subject which may have any bearing upon maternal mortality and morbidity, consequently it is of special interest to those who specialize in obstetrics; but there is so much detail in the text and the book is written by such an eminent authority on the subject that useful information may well be obtained from it by anyone who is interested in medicine.

This book contains many statistical references and includes dissertations on such subjects as the design of maternity hospitals, medical practice and the medical curriculum, etc., but besides this there is a wealth of practical information on many subjects which are most useful and which makes the book invaluable for reference purposes.

The text is divided into four parts—causes, prevention, services and organization. A very good chapter is the one dealing with puerperal fever, which is dealt with from all aspects. The chapters on antenatal care and neonatal death and disablement are of great value, and part 5 includes, as appendices, a discussion on the toxæmias of pregnancy, general practice and the medical curriculum, and two other subjects dealing with the training of midwives and the relationship of national health to maternity.

This book is worthy of high recommendation and may be read with advantage by all who are interested in obstetrics.

## RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

CRUDEN, W. V., M.R.C.S. "The Treatment of Pulmonary Tuberculosis by Gold: a Record of Fifty Cases." *Lancet*, September 23rd, 1933.

CUMBERBATCH, ELKIN P., B.M., B.Ch., D.M.R.E.(Camb.), M.R.C.P. "Modern Methods of Electrical Treatment." *Practitioner*, October, 1933.

DICKS, H. V., M.D., M.R.C.P. "Neurasthenia: Toxic and Traumatic." *Lancet*, September 23rd, 1933.

GRAHAM, GEORGE, M.A., M.D., F.R.C.P. "The Modern Treatment of Diabetes." *Practitioner*, October, 1933.



- HALDIN-DAVIS, H., M.D., F.R.C.P., F.R.C.S. "Pityriasis Rosea with Lesions on Palms." *British Journal of Dermatology and Syphilis*, February, 1933.
- "The Prevention of Industrial Diseases of the Skin." *Journal of the Society of Chemical Industry*, July 14th, 1933.
- "Some Personal Relics of Robert Willan." *British Journal of Dermatology and Syphilis*, October, 1933.
- HALL, ARTHUR J., M.A., M.D., D.Sc.(Hon.), F.R.C.P. "Whooping-cough in Old Age." *Clinical Journal*, October, 1933.
- HORDER, Lord, K.C.V.O., M.D., F.R.C.P. "Medicine as a Career." *Lancet*, October 14th, 1933.
- LEVITT, W. M., M.B., M.R.C.P., D.M.R.E.(Camb.). "Radiation Treatment of Malignant Disease." *British Medical Journal*, October 14th, 1933.
- MORLOCK, H. V., M.C., M.D., M.R.C.P. (A. J. SCOTT PINCHIN, M.D., F.R.C.P., and H. V. M.). "Recent Views on the Treatment of Diseases of the Lung and Pleura." *Practitioner*, October, 1933.
- NELSON, H. P., M.B., F.R.C.S. See ROBERTS and NELSON.
- NEWMAN, Sir GEORGE, K.C.B., M.D., F.R.C.P. "The Student's Preparation." *Lancet*, October 14th, 1933.
- RAVEN, R. W., F.R.C.S. "Pouches of the Pharynx and Oesophagus, with Special Reference to the Embryological and Morphological Aspects." *British Journal of Surgery*, October, 1933.
- ROBERTS, J. E. H., O.B.E., F.R.C.S., and NELSON, H. P., F.R.C.S. "Pulmonary Lobectomy: Technique and Report of Ten Cases." *British Journal of Surgery*, October, 1933.
- ROCHE, ALEX E., M.A., M.D., M.Ch.(Cantab.), F.R.C.S. "Pyuria." *Clinical Journal*, October, 1933.
- ROLES, FRANCIS C., M.R.C.P. (and TODD, GEOFFREY S., M.B., Ch.M., M.R.C.P.). "Bronchiectasis." *British Medical Journal*, October 7th, 1933.
- WARD, ROY, M.B., B.S., M.R.C.S. "The Uses of Radium." *Practitioner*, October, 1933.
- WOOD, W. BURTON, M.A., M.D., M.R.C.P. "Clinical Manifestations of Pulmonary Tuberculosis in Childhood." *Lancet*, October 7th, 1933.

### EXAMINATIONS, ETC. University of London.

The following diploma has been conferred:  
**D.P.H.**—Nicholson, B. C., Paley, J. G.

### CHANGES OF ADDRESS.

- ANDERSON, H. G., c/o The Gables, Chalfont St. Giles, Bucks.
- BARNLEY, A., Newbold, Gomshall, Surrey. (Tel. Abinger 130.)
- BELL, ARTHUR C., 2, Stanford Court, Cornwall Gardens, S.W. 7. (Tel. Western 7448.)
- BREWER, F. H. W., "Laughton", Brimpton Common, near Reading.
- DEBONO, P. P., 8, Windsor Terrace, Sliema, Malta.
- DENHAM, H. K., c/o Agent General for Queensland, 409, Strand, W.C.
- DEVIN, C. H., "Gullane", Greenhill Park, New Barnet, Herts.
- DODD, T. A. J. M., Tyneham House, Bridge Street, Christchurch, Hampshire.
- FRANCIS, A. G., 44, Tavistock Square, W.C. 1.
- HOLMES, J., 57, Albert Road, Southport. (Tel. Southport 3400.)
- JENKINSON, Surg.-Lieut. S., R.N., H.M.S. "Brilliant", c/o G.P.O., London.
- MACVINE, J. S., Central Middlesex County Hospital, Acton Lane, Willesden Junction, N.W. 10.
- MARSHALL, A. L., Laxfield, *via* Woodbridge, Suffolk.
- MILES, A. A., 59, Bateman Street, Cambridge.
- NOON, C., 6, Ipswich Road, Norwich. (Tel. Norwich 164.)
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- ROWE, J. T., Winton House, Basingstoke, Hants.
- SQUARE, W. RUSSELL, Lockslea, Thurlstone, near Kingsbridge, South Devon.
- STARKEY, Wing-Comdr. H. S. CRICHTON, O.B.E., Oak Lee, Compton Road, Lindfield, Sussex.
- TAIT, H. B., Lynwood, Handcross, Sussex.
- WARD, W. R., Roefield, Croxley Green, Herts.

### APPOINTMENTS.

- BARNLEY, A., B.Chir.(Cantab.), M.R.C.S., L.R.C.P., appointed Anaesthetist to the Royal Surrey County Hospital, Guildford.
- COLTART, W. D., M.B., B.S.(Lond.), F.R.C.S., appointed Surgical Registrar to the Royal National Orthopaedic Hospital, Stanmore.

- LONDON, J., M.R.C.S., L.R.C.P., appointed Medical Officer to the East Ham Borough Isolation Hospital, Roman Road, E. 6.
- LANDOR, J. V., M.D., M.R.C.P., appointed Physician and Radiologist, Johore, Malaya.
- MACVINE, J. S., M.B., B.S.(Lond.), appointed A.M.O. to the Central Middlesex County Hospital (Middlesex County Council).
- SELWYN-CLARKE, P. S., M.D., M.R.C.P., appointed Deputy Director of Health Service, Gold Coast Colony.
- SHORE, L. R., M.B., B. Chir.(Cantab.), M.R.C.P., appointed University Demonstrator in the Department of Anatomy, Cambridge.
- WILLIAMSON, J. C. F. LLOYD, M.B., B.Chir.(Cantab.), F.R.C.S., appointed Surgical Registrar to the Royal National Orthopaedic Hospital, Stanmore.

### BIRTHS.

- BLOUNT.—On September 21st, 1933, to Muriel, wife of Douglas Arthur Blount, M.D.(Lond.), of Dunstable, Beds—a daughter.
- GILDING.—On October 19th, 1933, at Sheffield House, near Alcester, to Violet, wife of Dr. H. P. Gilding—a third daughter.
- HARTLEY.—On October 6th, 1933, at Orchard Cottage, Old Road East, Gravesend, to Betty (née Millar), wife of Kenneth Hartley, M.B.—a son.
- HEWER.—On September 23rd, at 30, Queen's Road, St. John's Wood, to Doris Phoebe, wife of C. Langton Hower, M.B.—a son.
- MUIR.—On October 22nd, 1933, at Meran, Teignmouth, to Eleanor (née Stirling), wife of the late Dr. D. Miller Muir, of Exeter—a son.
- RUSSIAN.—On October 16th, 1933, at Alrewas, Burton-on-Trent, to Mollie, wife of A. de la C. Russian, M.R.C.S., L.R.C.P.—a son.
- WILLIS.—On October 20th, 1933, at Sussex House, Sutherland Avenue, W., to Rosalie (née Hodge), wife of F. E. Saxby Willis, M.D., M.C.—a son.
- WOODD WALKER.—On September 20th, 1933, at 2, Pembridge Crescent, W., to Ulla and Geoffrey B. Woodd Walker, F.R.C.S.—a son.

### MARRIAGES.

- ALEXANDER—CROWDER.—On October 14th, 1933, at St. Michael's Church, Mere, Wilts, by the father of the bride, assisted by the Rev. R. E. G. Newman, Vicar of Gillingham, Dorset, Bernard William Alexander, M.R.C.S., L.R.C.P., younger son of Mrs. Alexander, Westbury, Wilts, to Bertha Mary, elder daughter of the Rev. A. E. Crowder, Mere, Wilts.
- BALGARNIE—PATTISON.—On October 23rd, 1933, Wilfred Balgarnie, O.B.E., F.R.C.S., of Hartley Wintney, to Ruby Ethel Pattison, of Hook, younger daughter of the late Captain Pattison, of the Eastern Telegraph Company.

### DEATHS.

- CARLYON.—On September 22nd, 1933, after a short illness, at Senlac, Torquay, Edward Trewbody Carlyon, M.B., son of the late Edward Trewbody Carlyon, of Treve, Truro, Cornwall.
- JAGO.—On October 10th, 1933, at Castle Green, Appleby, Westmorland, Thomas Jago, M.R.C.S., aged 83.
- MARSHALL.—On October 2nd, 1933, at Raveningham, Norwich, Margaret M. H. Marshall, wife of Dr. A. L. Marshall, and daughter of the late Deputy Inspector General J. Donald, F.R.C.S., and Mrs. H. S. Donald.
- MUIR.—On October 18th, 1933, suddenly, David Miller Muir, M.A.(Cantab.), D.M.R.E., of Exeter.
- WHARRY.—On August 1st, 1933, Harry Mortimer Wharry, F.R.C.S., of 136, Harley Street, W. 1.
- WHITAKER.—On October 14th, 1933, at 280, Trinity Road, S.W. 18, George Herbert Whitaker, M.R.C.S., L.S.A., eldest surviving son of the late Joseph Whitaker, F.S.A., of White Lodge, Enfield, aged 71.

### NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

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